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OBJECTIONS

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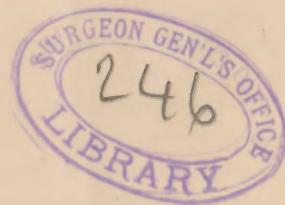
IN THE

TREATMENT OF PILES.

BY

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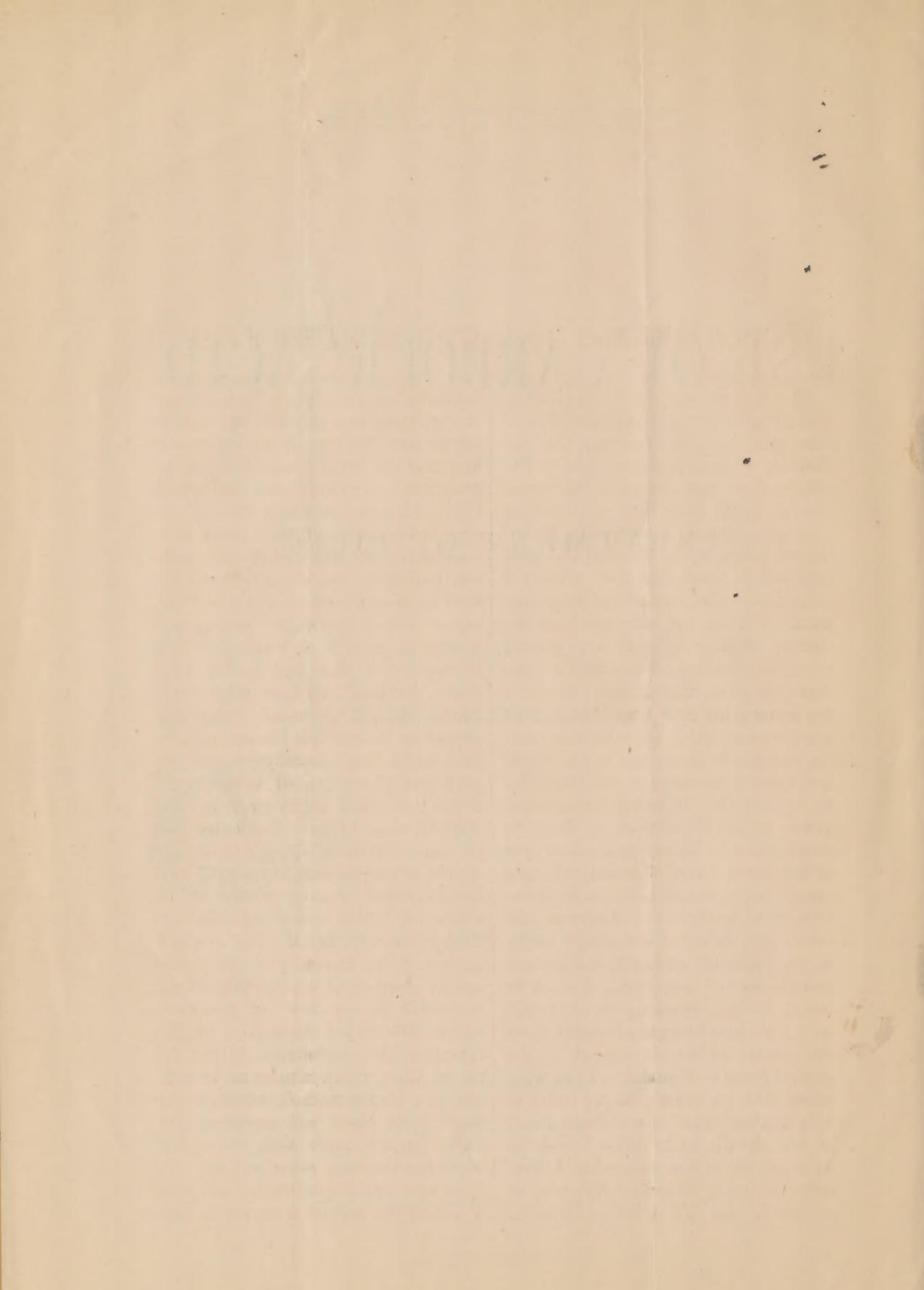
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OBJECTIONS TO THE USE OF CARBOLIC ACID IN THE TREATMENT OF PILES.

"Let well enough alone" is an injunction as applicable in the practice of medicine as in affairs of every-day life; not that any advance in the art is to be discouraged or new remedies discountenanced, but in these days of heralding "specifics" proper care should be indulged before flying from old and tried remedies to those that may prove not only unscientific but hurtful to the patient. Were it necessary to attest the efficacy of carbolic acid as a general therapeutic agent, no one would more earnestly do so than myself. Within a few years it has risen from the ranks of a subordinate article of the *materia medica*, and stands to-day one of par excellent value in its surgical and therapeutic application. It would be supererogation in me to attempt to deny its properties as an antiseptic, as a destroyer of the lower forms of animal life, as a caustic and local anaesthetic, as an escharotic, as an anodyne and allayer of irritation etc.; therefore eminently useful to the hygienist, etiologist, and general practitioner of medicine. Indeed it would be like attacking an old friend were I to make charges adverse to these statements, for while engaged in the general practice of medicine, I can truly affirm that no remedy in my hands so fully attained what was claimed for it as did carbolic acid. What I wish to do in this paper is to state what I honestly believe to be serious objections to its use in the treatment of internal

haemorrhoids, as advised by a number of physicians, among whom are some of my personal friends. It is a lamentable fact, as a late writer has said, "that the prescription of carbolic acid and glycerine has become an object of merchandise, and is extensively sold and used as a secret remedy, and that doctors, farmers, tradesmen, and sharpers have left their legitimate business and gone forth, armed with a hypodermic syringe and a bottle of carbolic acid and glycerine, to slay rectal piles and gobble up a golden fortune." And he might have added, "to kill his man." Piles may appear to be a simple disease, and carbolic acid a simple remedy, but any surgeon who allows himself to think will admit that death might result in more ways than one by its indiscriminate use in these affections. In a late number of one of our medical journals a prominent member of the profession has an article on "Piles treated with Carbolic Acid Injections; Radical Cure," in which he says: "The frequency of the disease and the great dread of patients generally to submit to any form of treatment which will subject them to a painful operation and confinement to bed for two or three weeks induces me to mention this simple method, which, in the majority of cases, will supersede the knife, ligature, nitric acid, and clamp, heretofore the usual remedies," etc. To these assertions I must dissent, and hope to adduce the highest authority to sup-

port the opinion that the acid will never supplant the use of the ligature; that its indiscriminate use in these affections is not only unsurgical, but damaging to the patient; that it excites more inflammation than the ligature; that the cure is less speedy; and that the pain is more intense if a cure is effected. Therefore I would prefer the following objections to its use: First, That it is just as painful as the ligature. Second, That it is inefficient. Third, That death is to be feared. (a) From peritonitis. (b) From Embolism. (c) From Pyæmia.

The observations of learned specialists are to be regarded more than evidence from other sources when the subject matter pertains to their special study. I submitted the question "whether or not carbolic acid could be used successfully in the treatment of piles" to Mr. Wm. Allingham, F. R. C. S.; Mr. P. Y. Gowland, F. R. C. S.; Mr. D. H. Goodall, F. R. C. S.; and Alfred Cooper, F. R. C. S., of London, England, all of whom are high authority upon diseases of the rectum, and each an honorary surgeon to St. Mark's Hospital. Some of the gentlemen had not tried it, remarking that from a surgical standpoint it could not compare with the ligature. Mr. Allingham, in answer to the question, replied: "I am open to conviction upon all matters pertaining to the specialty, and when I heard of the use of the acid in these cases I at once tried it with six patients. I must say that the result was very unsatisfactory. I used the prescription as advised, and had in several of the cases to contend with great pain after the operation, quite an amount of inflammation being excited. Were I to use it again, I should inject the smallest amount possible, even to the fourth of a drop, and watch the effect. I consider that in the ligature, as applied at St. Mark's, we have the very best treatment for piles as free from pain, more efficient and less dan-

gerous than any other method of cure."

Here are four of the leading specialists of England who pronounce against it and ignore its use in an institution limited to this class of patients, and where thousands are treated and cured *by the ligature* every year. Dr. Erskine Mason, of New York City, who has had great experience in the treatment of rectal diseases, tells me that he has not used the acid, for the reason that he did not think well of it. Neither Dr. Van Buren nor Dr. Bodenhamer, of New York, use it. Each of these gentlemen claim the superiority of the ligature over all remedies. My friend, Dr. D. D. Carter, of Versailles, Ky., has kindly furnished me with a history of a case in which he used the acid as directed. I subjoin the account from his pen:

"I have deferred answering your letter until I could learn from a friend the particulars of a case in which he had used the carbolic acid and had a considerable inflammation follow, and I only saw him yesterday. In my case of which I spoke to you, there were five large tumors with prolapsus. I injected all the tumors and introduced the acid freely. In twelve hours a *very violent inflammation followed*, which lasted for several days; greater than I have ever seen follow the ligature. In fifteen or twenty days after this operation I removed one of the tumors with the ligature, which failed to be cured with the acid. The tumor which I removed became hard and white, and looked very much like soft cartilage, and produced the most intense suffering after every action of the bowels. After it was removed by the ligature the cure was perfect, and there has been no further trouble. My friend's case had a *very violent inflammation follow*, but not of particular interest."

A prominent physician of this city narrated to me several weeks ago his knowledge of a patient that had had

his pile injected with the acid, and that for several days the pain was so intense as to cause great fear of peritoneal inflammation. I have given the evidence of these gentlemen in preference to my own, simply wishing to add that my experience with the acid in these cases fully corroborates theirs. I accord to the acid all that it is worth in the treatment of piles, considering that where discrimination is practiced in selecting the tumors, and proper care is observed in injecting, that many times good will be done. When a small venous pile is properly injected, temporary relief is afforded, by constringing the coats, or coagulation takes place and a cure is effected by absorption of the clot.

2d. Its inefficiency is best proven by inquiring how carbolic acid acts when injected into a pile. My medical friend says that "it acts as an astringent, antiseptic, and antiphlogistic. These general properties I do not doubt, and granting them, I deny the power of the acid to radically cure the pile. The pile is injected, the vessels are constricted, its antiseptic properties are exerted, and inflammation is prevented. Let me ask, theoretically, is the pile cured? Certainly not. No more than if the solution had been applied to the mucous coat. The vessels are *contracted*, not obliterated, and just so sure as the patient suffers any of the predisposing causes of the complaint, just so sure will he have a return of the tumors in these same pouches. Not so with the ligature applied after the manner of Mr. Allingham. You have made an isthmus of the vessels, you have cut off all communication, and the obliteration of them is complete. "Said Mr. Allingham one day: "I tell my patients that if they will submit to my operation they will never have to be operated on again," adding, "that out of the hundreds of cases that he had operated on by his application of the ligature, he never had to operate on the

same patient the second time." What better result than this could be expected. My opinion is that for the tumor to be *radically cured* by the acid, it must act in one of two ways. First, by *exciting adhesive inflammation*, consequently its obliteration; or secondly, by coagulation and a "slough," leaving a healthy wound to heal by granulation, as after the ligature. Admitting this action and leaving out the question of danger, we can expect a radical cure in but few cases. There is no prescribed rule by which we can graduate our "dose" so as to cause just so much inflammation and no more than may be necessary to effect the cure, hence we may excite too little and not cure, or too much and endanger.

Every surgeon is aware with what caution he has proceeded to use the remedies laid down for the cure of nævi, which are exactly the same as practiced in the cure of the haemorrhoidal tumor, viz., excision, ligature, the caustic, the galvanic cautery, the knife, and injection. The evil that would result in one from ill treatment would occur in the other. Gross* says of the injections used in these tumors: "Of the various injections that have been used for the relief of this tumor the principal are nitric acid, creasote, iodine and perchloride of iron, introduced in small quantity, either pure or diluted, with a delicate syringe. These fluids are all more or less irritating, while several of them are capable of exciting high inflammation, hence it is hardly necessary to add that they should be employed with the greatest possible care and gentleness. The only really unobjectionable injection for the cure of this disease is a strong solution of persulphate of iron, a few drops of which may be deposited in different parts of the tumor by means of a delicate syringe, the nozzle of which is introduced subcutaneously. Coagulation occurs almost instantaneously, and

* System of Surgery, vol. i, p. 788.

in the course of five to ten days the whole growth *drops off in a slough*, leaving a sore which heals by granulation." I quote the passage in full because of its perfect description of what takes place in the pile when injected with the salt, which is far preferable to the carbolic acid, for reasons that I will name further on. In the same chapter Professor Gross gives preference to the ligature over any injection, saying: "By transfixing the base of the tumor with one or more pins, and then drawing the ligature firmly around them we *cut off* at once and effectually its sanguineous supply." So with the haemorrhoidal tumor, by the ligature we cut off "at once and effectually" the supply; hence cure the disease.

3d. Death may follow the use of the acid from (a) Peritonitis excited by diffusive inflammation because of the contiguity of peritoneum and rectum. Gangrene might occur from sloughing mass; perforation of bowel be produced, and death. We have shown that the injection under certain circumstances causes great pain and inflammation, and we all know the frequency of peritoneal trouble after operations within the pelvis, and no portion of its anatomy takes on the trouble quicker than the meso-rectum. (b) Death from embolism. One writer says: "The injection into the cavity of the dilated veins of a solution of the persulphate or perchloride of iron or ergot is dangerous; a portion of the coagulum formed may at any time be detached, carried into the circulation, and produce embolism."

This is certainly true, and for the same reason would I object to carbolic acid. Had I the two agents to select from, I should certainly take the iron. The persulphate or perchloride of iron would form a coagulum nearly instantaneously; a slough would occur, and the wound left to granulate. But when the carbolic acid is thrown into the tumor, its coag-

ulating power is less than the iron, slower in its action, and more incomplete; hence the danger of thrombus or death by embolism by the passage of small clots into the circulation. From the use of the ligature you have no such risk to run. I have never heard of a death after the use of the ligature from embolism proper. It can not occur; you separate the tumor from the connective tissues, and it becomes a foreign body in the rectum, and is passed off as such. (c) Death from pyæmia is more likely to occur than by ligature, as statistics and reasoning will show.

Mr. Allingham published in 1865* some statistics of the practice at St. Mark's Hospital, which showed that in 3,210 cases of operation upon haemorrhoids there had not been a single death from pyæmia, up to 1873;† he had himself operated with the ligature over five hundred times, and had never had a death from any cause. Dr. S. D. Gross, in his work on Surgery, records only one death after the ligature; that occurred in this city. Dr. W. H. Van Buren, in his work on "Diseases of the Rectum," says:‡ "I have never had an unpleasant symptom follow the operation by ligature; the danger is so trifling as to be hardly appreciable. I have tried all means and can confidently recommend to you strangulation by the ligature as the safest, surest, and most manageable procedure (he had used injections into the tumor). The bowel never comes down after the operation by ligature; the haemorrhoidal tumors can never be again protruded. Of this the patient can be assured. There is no operation of surgery which, in its ultimate results, gives more satisfaction than the ligature for the radical cure of piles." Erichsen says:§ "Internal piles should

* Medical Times and Gazette.

† Allingham on Diseases of the Rectum.

‡ Van Buren on Diseases of the Rectum, p. 45.

§ Science and Art of Surgery.

be removed by the ligature only. In fact it may be laid down as a rule in surgery that all external piles should be cut off, and all internal piles tied."

Bodenhamer: * "The few fatal cases reported of the ligature were never verified by a post-mortem examination, and consequently are deserving of but little confidence. I have operated in thousands of instances with the ligature, and have yet to encounter the first serious accident."

Gross: † "The operation is as simple of execution as it is free from danger, and certain in its results." And so I might go on to quote every author that has ever written upon the subject, all of whom agree that there is no operation in surgery so satisfactory in its results, free from danger, and simple of execution. We can not compare statistics with "carbolic acid," from the fact, fortunately, that none, out of the numerous authorities that I have quoted, have thought well enough of it to try it, save in test cases; and as my friend only reports two cases, I am certain that his experience with the acid in the future will prove to him the truthfulness of this paper. Without stopping to argue the pathological differences among surgeons in regard to pyæmia, all of them agree that it often follows suppurative inflammation. Erichsen says: "Pyæmia is especially apt to occur if decomposing pus be confined deeply amongst the tissues, and unable to get a ready outlet."

We have proven that for a cure to be effected by the acid that it must be by the natural process, viz.: *Inflammation, suppuration and a slough.* What more favorable condition than the burrowing of pus in the tissues adjacent to the rectum? Take into consideration that the hæmorrhoidal tumor is oftentimes as large as a walnut or a hen's egg. To coagulate this amount of blood, to de-

generate into pus, perhaps to be absorbed, I say is no simple matter. We have in the ligature a plain, simple, harmless and radical cure for piles. It has stood the test for many years. It is theoretically and surgically the only proper method of cure in these cases. The acid is being widely used by "advertising specialists," and in their hands will prove a dangerous remedy. Let them wield the instrument and suffer the penalty. My conclusions as to its use are, viz.:

1. Use the acid only in the smallest tumors.

2. Should it be used in a large tumor, inject once only in one portion, and wait several days, and then inject another portion.

3. Use the smallest amount possible in injecting, say one to three drops of the mixture of sweet oil and carbolic acid equal parts, or a stronger solution.

I had the pleasure of witnessing the use of the thermo-cauteré at the London Hospital; also in the hands of Mr. Allingham, in the treatment of piles. It is a beautiful instrument, and acts like magic in some cases. The point is brought to a white heat in a few seconds, and is then inserted into the pile to its base, repeating the operation at different parts of the tumor. Mr. Allingham confines its use to very small piles, which are immediately "dried up," as it were. The point used for the purpose being flat and passed just *over* the tumor, not touching it. The French instrument is much to be preferred to the American, for the reason that it is easier handled, and has not the hissing sound. It can be procured at a cost of fifty dollars.

Since writing this paper, my attention has been called to an article published in a late number of the "Toledo Medical Journal," wherein the author reports the use of the acid in its concentrated form in these affections. He says the immediate effect is a

* Physical Explorations of the Rectum.

† Work on Surgery, page 584, vol. ii.

"shrinking, hardening, and whitening of the tissues, and a cure by the production of a slough." I prefer a strong solution of the acid, for the reason that I have mentioned, and that a slough must be produced is the position that I have taken. The author states that no pain accompanies the operation. This I deny. All of my operations have been attended with more or less pain, and my friend, Dr. Carter, had the most intense pain to combat, and had at last to resort to the ligature for relief. Admitting that a slough is produced and the wound left to heal by granulation, I fail to see any advantage over the ligature. You have as large base to heal, consequently a

longer time to effect a cure. With the number of authorities that I have cited, corroborated by my own experience, I see no good reason for using the acid in lieu of the ligature, save in the small number of cases that I have mentioned.

Having given special attention to these diseases for some time, my conclusions are formed after a fair trial of the acid, both in my dispensary and private practice. I use the acid in the selected cases that I have named, and shall continue to do so; but in the majority of instances I prefer the ligature, believing as I do that it is the safest and best treatment for internal hæmorrhoids.



